Notification of Student's Return to Duty										
TYPE or PRINT all information and sign this form.										
☐ Secretarial ☐ Baccalaureate ☐ Graduate ☐ Ph.D.										
Academic A Cooperative Marshall Sp	rge C. Marshall Spa Affairs Office e Education Office bace Flight Center, 6) 961-7039 FAX		FROM:							
is scheduled to return to duty on:										
	(Student Na	_	(Return Date)							
TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL										
Student Has	Completed	rently Enrolled	Total Hours	Student is officially	ally classified as: Graduate:					
Semester Hours Towards Degree			ster Hours rds Degree	Quarter Hours Towards Degree	Toward Degree	☐ Freshman ☐ Jur		Junior	☐ M.S.	
						☐ Sophomore ☐ Senior			☐ Ph.D.	
Current Major Field (Any change in major field of study must be approved by school and MSFC officials): Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current Major Field on Entry into Program (if different from current from cur									rent major):	
Grade Point Average: Ty				 Гуреd Name of Appropriate School Official:			Phone Number:			
Projected Date of Graduation (Month, Year):			Signature of	of Appropriate School	ol Official:			Date:		
TO BE COMPLETED BY THE STUDENT										
I will return to duty at MSFC on the above date.									date —	
Is this your last work schedule? Yes No										
Current Address:								Phone Number:		
Signature of Student: Da								Date:		
IF YOU DO NOT PLAN TO CONTINUE IN THE PROGRAM, PLEASE COMPLETE THE FOLLOWING										
I resign from the cooperative education program effective (Date): My reasons for leaving are:										
NASA has my permission to disclose the information furnished on this form to any government or individual having a valid reason for requesting the information.										
Forwarding Address:								Phone Number:		
Signature of Student: Dat								Date:		
Privacy Act Statement 1. The information to be provided on this form (MSFC Form 1854) is authorized to be collected by NASA by 42 U.S.C. 2473, 44 U.S.C 3103, and the Government Training Act, 5 U.S.C. 4101 et seq. Providing information is mandatory to obtain the benefits you seek. 2. The principal purposes for which the information is intended is for preview, planning, review, and management decisions by officials and employees within NASA regarding personnel and activities.										
3. This information will be incorporated in the Special Personnel Records - NASA. The routine uses of this information outside of NASA will be with colleges and universities, law enforcement agencies, federal, state, or local agencies maintaining civil, criminal or other relevant enforcement or other pertinent information; other federal agencies, if relevant to the agency decision, and the Department of Justice court proceedings.										
4. Failure to supply the requested information will deny you the benefits you seek.										